


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90350 005 ****61.25

DOCUMENT # N03364 1. Entity Name LA MAISON TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business LAND CAP PROPERTY SERVICES 13800 SW 144 AVENUE ROAD MAIMI, FL 33186 US			Mailing Address LAND CAP PROPERTY SERVICES 13800 SW 144 AVENUE ROAD MAIMI, FL 33186 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2549691	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOBRIN, DAVID 8900 SW 107 AVE #206 MIAMI, FL 33176				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAAB, CATHERINE		NAME	LANZAROTTA, THOMAS	
STREET ADDRESS	15539 SW 111 TERR		STREET ADDRESS	11142 SW 154 CT	
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, LANZAROTTA		NAME	MEILAN, SHARON	
STREET ADDRESS	11142 SW 154TH CT		STREET ADDRESS	15635 SW 110 TERR	
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ORTIZ, AL		NAME	MONTEALEGRE, ANIBAL	
STREET ADDRESS	15437 SW 110 TERRACE		STREET ADDRESS	11130 SW 154 CT	
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEST, VIRGINIA		NAME	CARVAJAL, EMELYN	
STREET ADDRESS	11136 SW 154TH CT		STREET ADDRESS	11154 SW 154 PL	
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEILAN, SHARON		NAME	PATIÑO, FABIAN	
STREET ADDRESS	15535 SW 110 TERRACE		STREET ADDRESS	11132 SW 154 CT	
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

40049872

